

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Senate Majority Fund

ADDRESS (number and street)

P.O. Box 32025

☐Check if different  
than previously  
reported. (ACC)

Phoenix

AZ

85064

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00368431

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2008

through

02

29

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mrs. Ashley Ragan

Signature of Treasurer

Electronically Filed by Mrs. Ashley Ragan

Date

03

14

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Senate Majority Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		30886.37
(b) Cash on Hand at Beginning of Reporting Period .....	25917.00	
(c) Total Receipts (from Line 19) .....	17007.51	18056.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	42924.51	48942.96
7. Total Disbursements (from Line 31) .....	39353.37	45371.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3571.14	3571.14
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
Senate Majority Fund

Report Covering the Period:

From:

M M D D Y Y W Y  
0 2 0 1 2 0 0 8

To:

M M D D Y Y W Y  
0 2 2 9 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	17000.00	18000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	17000.00	18000.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	36.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	7.51	20.59
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17007.51	18056.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17007.51	18056.59

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	39319.37	42837.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	39319.37	42837.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34.00	34.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	2500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	39353.37	45371.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39353.37	45371.82

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17000.00	18000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17000.00	18000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	39319.37	42837.82
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	36.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	39319.37	42801.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Majority Fund

**A.**

Full Name (Last, First, Middle Initial)

ACFAC ACA INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 4040 W. 70th St

City

Minneapolis

State

MN

Zip Code

55435

FEC ID number of contributing  
federal political committee.

**C** C00034785

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 0 8

Transaction ID: SA11C.7713

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN DENTAL POLITICAL ACTION CMTE.

Mailing Address 1111 14th Street NW  
Suite 1100

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11C.7718

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1919 Pennsylvania Ave NW  
8th Floor

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

**C** C00004812

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 5 / 2 0 0 8

Transaction ID: SA11C.7734

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Majority Fund

**A.**

Full Name (Last, First, Middle Initial)  
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.  
Room 1109

City State Zip Code  
New York NY 10010

FEC ID number of contributing  
federal political committee.

**C** C00158881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 8

Transaction ID: SA11C.7716

Amount of Each Receipt this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE (A.K.A. NOVARTIS PAC)

Mailing Address 701 Pennsylvania Ave. NW  
Suite 725

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00033969

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11C.7719

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
SIERRA HEALTH SERVICES POLITICAL ACTION COMMITTEE

Mailing Address PO Box 15645

City State Zip Code  
Las Vegas NV 89114

FEC ID number of contributing  
federal political committee.

**C** C00295360

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 8

Transaction ID: SA11C.7735

Amount of Each Receipt this Period

3000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

17000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Senate Majority Fund

<b>A.</b> Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	<b>Transaction ID:</b> SB21B.7726 <b>Date of Disbursement</b>																				
Mailing Address POST OFFICE BOX 10246	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	0	8												
City PHOENIX State AZ Zip Code 85064	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Rent	<table border="1"> <tr> <td>5</td><td>7</td><td>9</td><td>.</td><td>8</td><td>4</td> </tr> </table>	5	7	9	.	8	4														
5	7	9	.	8	4																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	<b>Transaction ID:</b> SB21B.7727 <b>Date of Disbursement</b>																				
Mailing Address POST OFFICE BOX 10246	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	0	8												
City PHOENIX State AZ Zip Code 85064	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone and Internet	<table border="1"> <tr> <td>1</td><td>3</td><td>8</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	3	8	.	0	0														
1	3	8	.	0	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	<b>Transaction ID:</b> SB21B.7728 <b>Date of Disbursement</b>																				
Mailing Address POST OFFICE BOX 10246	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	0	8												
City PHOENIX State AZ Zip Code 85064	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Equipment rental	<table border="1"> <tr> <td>5</td><td>5</td><td>.</td><td>0</td><td>0</td> </tr> </table>	5	5	.	0	0															
5	5	.	0	0																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**772.84**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Senate Majority Fund

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Corinne C. Lovas

Mailing Address 4502 E. Glenrosa

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement  
SMF Fundraising Consultant Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7731

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Ashley Ragan

Mailing Address 307 East Royal Palm

City Phoenix State AZ Zip Code 85020

Purpose of Disbursement  
Wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7729

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

622.26

**C.**

Full Name (Last, First, Middle Initial)

Steven H. Gordon & Associates

Mailing Address 507 Capitol Court NE #100

City Washington State DC Zip Code 20002

Purpose of Disbursement  
SMF Fundraising Commission Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7722

Date of Disbursement

02 / 05 / 2008

Amount of Each Disbursement this Period

10900.00

**SUBTOTAL** of Disbursements This Page (optional) .....

13022.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)  
Steven H. Gordon & Associates

Mailing Address 507 Capitol Court NE #100

City Washington State DC Zip Code 20002

Purpose of Disbursement  
SMF Fundraising Commission Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7723

Date of Disbursement

02 / 05 / 2008

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)  
Steven H. Gordon & Associates

Mailing Address 507 Capitol Court NE #100

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Shipping/Printing/Food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7724

Date of Disbursement

02 / 05 / 2008

Amount of Each Disbursement this Period

3578.28

C.

Full Name (Last, First, Middle Initial)  
Steven H. Gordon & Associates

Mailing Address 507 Capitol Court NE #100

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Dinner Event Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7725

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

17787.00

SUBTOTAL of Disbursements This Page (optional) .....

25365.28

TOTAL This Period (last page this line number only) .....

39160.38

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)  
JOHN MCCAIN 2008 INC.

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement  
INKIND

Candidate Name  
JOHN S MCCAIN

Office Sought: ☐ House  
☐ Senate  
☒ President

State: AZ District: 00

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.7737

Date of Disbursement

/   /

Amount of Each Disbursement this Period

34.00

SUBTOTAL of Disbursements This Page (optional) .....

34.00

TOTAL This Period (last page this line number only) .....

34.00